

INTERVIEWER: _____

CONFIDENTIAL

IDW: _____

EDITOR : _____

EAST INDONESIAN FAMILY LIFE SURVEY 2012
HEALTH FACILITY
INTEGRATED COMMUNITY HEALTH POST
(POSYANDU)
SECTIONS: LK, KR, A, B, C, D, SDP, PRP, CP

FACILITY CODEBOOKTYPE

NAME OF POSYANDU : _____

POSYANDU INTERVIEW BOOK

	INTERVIEW I	INTERVIEW II	INTERVIEW III	CK1. Interview was entirely/mostly conducted in what language? Other	Interview language code : 00. Indonesian 01. Javanese 02. Sundanese 03. Balinese 04. Batak 05. Bugis 06. Chinese 07. Maduranese 08. Sasak 09. Minang 10. Banjar 11. Bima 12. Makassar 13. Nias 14. Palembang 15. Sumbawa 16. Toraja 17. Lahat 18. Other South Sumatra 19. Betawi 20. Lampung 96. No other 95. Other
DATE:	DAY/MONTH/YEAR	DAY/MONTH/YEAR	DAY/MONTH/YEAR		
TIME BEGIN:	HOUR/MINUTE	HOUR/MINUTE	HOUR/MINUTE		
TIME FINISHED:	HOUR/MINUTE	HOUR/MINUTE	HOUR/MINUTE		
INTERVIEW RESULTS:				Other	
FP2. STATUS SAMPLING	FP3. INTERVIEW RESULTS CODE	FP4. REASON FOR C1 = "3" OR "2" IN FP3.		FP5. EDITING STATUS BY EDITOR	FP6. MONITORING BY LOCAL SUPERVISOR
Is this facility listed in SD2 and selected as a sample? 1. Yes 3. No	1. Completed → FP5 2. Partially completed 3. Not completed	1. Respondent is traveling 2. Respondent is too busy 3. Refused		1. Edited, no correction necessary 2. Edited and corrected 3. Manual edit without CAFE 4. Entered, not edited _____	Yes No a. Observed 1 3 b. Edited 1 3 c. Verified 1 3

SECTION LK: CONTROL SHEET

SAMPLING INFORMATION		CODE
LK01.	Province _____	<input type="text"/> <input type="text"/> <input type="text"/>
LK02.	Kabupaten/Kota _____	<input type="text"/> <input type="text"/> <input type="text"/>
LK03.	Kecamatan _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
LK04.	Village/Urban Township/Nagari_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
LK05.	Region : 1. Urban 2. Rural	<input type="text"/>
LK08.	a. Address: _____ _____ _____ b. Description of location: _____ _____ _____ c. Postal Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
LK09.	Phone number: A. Posyandu <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> B. Cellphone no. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , belonging to _____ W. NOT APPLICABLE Y. DON'T KNOW	
LK14.	a. RT b. RW	a. <input type="text"/> <input type="text"/> b. <input type="text"/> <input type="text"/>

SUPERVISION		CODE
LK15.	Name of Interviewer _____	____
LK16.	Name of Editor _____	____
LK17.	Name of Local Supervisor _____	____
LK19.	Name of Field Coordinator _____	____

SECTION KR : RESPONDENT’S CHARACTERISTICS

	RESPONDENT I	RESPONDENT II
KR01. Name of Respondent		
KR02. Age	Years	Years
KR02a. Sex	Male..... 1 Female..... 3	Male..... 1 Female 3
KR03. Title/Position [...] in the Posyandu in the village	Head of Posyandu 1 Posyandu Cadre 2 Other..... 3	Head of Posyandu 1 Posyandu Cadre..... 2 Other..... 3
KR04. Length of tenure in the position	Years	Years
KR05. Highest level of education attended	01 02 03 04 05 06 11 12 13 14 15 17 60 61 62 63 72 73 74 90 98 95	01 02 03 04 05 06 11 12 13 14 15 17 60 61 62 63 72 73 74 90 98 95
KR06. Highest grade/class completed	00 01 02 03 04 05 06 07 96 98	00 01 02 03 04 05 06 07 96 98
KR07. Length of time residing in this village	Years	Years

- Code KR05**

01. No school/Not yet at school

02. Elementary

03. Junior High – General

04. Junior High - Vocational

05. Senior High - General

06. Senior High - Vocational

60. D1, D2, D3 (Junior College)

61. University S1 (Bachelors)

62. University S2 (Masters)

63. University S3 (Doctorate)

11. Adult Educ. A (Kejar Paket A)

12. Adult Educ. B (Kejar Paket B)

13. Open University

14. Islamic School Pesantren

15. Adult Educ. C (Kejar Paket C)

17. School for the disabled

72. Islamic Elementary School (*Madrasah Ibtidaiyah*)

73. Islamic Junior High School (*Madrasah Tsanawiyah*)

74. Islamic Senior High School (*Madrasah Aliyah*)

90. Kindergarten

98. DON'T KNOW

95. Other
- Code KR06**

00. Never completed class I

01. 1

02. 2

03. 3

04. 4

05. 5

06. 6

07. Graduated

96. No school

98. DON'T KNOW

SECTION A: GENERAL

Now we would to ask about the service and activity of this Posyandu.

Name _____		Position _____	
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A1. What year did this Health Post begin operation ?	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. DON'T KNOW
A2. Before this Health Post was established, did this village have a Weighing Post, a FP Post, or some other community health post:	Yes 1 No 3
A2a. Is this Posyandu functioning as a Posyandu for the Elderly?	Yes 1 → A3a No 3
A2b. Is there any Posyandu for the Elderly in this village?	Yes 1 No 3
A3a. Is this Health Post open every month?	Yes 1 → A4 No 3
A3b. In the last year, how many times was the Health Post in operation?	<input type="text"/> times
A4. When the Health Post is operating, on average how many cadres are active?	<input type="text"/> cadres
A4a. Is the PPKBD always present at Posyandu activities?	Yes1 No3
A4b. Which classification matches this Health Post?	Pratama (lower level)1 Madya (middle level)2 Purnama (higher level)3 Self-sufficient4 Don't know8
A6. What are the opening and closing hours of this Health Post:	a. Opening time <input type="text"/> : <input type="text"/> b. Closing time <input type="text"/> : <input type="text"/>
A7. When the Health Post is not open, and someone needs OC pills or oralit, where can they get them? (CIRCLE ALL THAT APPLY)	Public Health Center A Public Health Subcenter..... B Hospital C Clinic D Pharmacy E Private Practice F Cadre's Home G Village Staff L PKK Meeting M Other..... V

A8. When a mother wants to use the FP method [...], where is she referred to? Public Health Center 01 Public Health Subcenter 02 Hospital..... 03 Clinic..... 04 Private Practice..... 05 KB Manunggal/Safari KB 06 Not referred..... 07 Other..... 95	a. IUD <input type="text"/> <input type="text"/> _____ b. Implant <input type="text"/> <input type="text"/> _____ c. Sterilization <input type="text"/> <input type="text"/> _____
A9. In general, where do mothers go for prenatal care in this village (note: past 12 months)? (CIRCLE ALL THAT APPLY)	Government Hospital A Private Hospital B Health Center C Village Maternity Clinic D Clinic/Private Doctor..... E Clinic/Private Midwife F Traditional Midwife's House G Health Post..... I Village Midwife J Other..... V
A10. In general where do mothers in this village give birth to their babies (note: past 12 months)? (CIRCLE ALL THAT APPLY)	Government Hospital..... A Private Hospital B Maternity Hospital..... C Health Center (Puskesmas) D Village Maternity Clinic (Polindes) E Clinic/Private Doctor..... F Clinic/Private Midwife G Traditional Midwife's House H Own home I Family's house. J Other..... V

SECTION A: GENERAL

<p>A11. Usually, who assists the mothers in giving birth to their babies (note: past 12 months)?</p> <p>(CIRCLE ALL THAT APPLY)</p>	<p>Doctor A</p> <p>Midwife B</p> <p>Village Midwife C</p> <p>Nurse D</p> <p>Traditional Midwife (Dukun bayi) E</p> <p>No one assists..... G</p> <p>Posyandu Cadre I</p> <p>Other.....V</p>
<p>A11a. At this time how many traditional midwives (Dukun bayi) assist birth in this village?</p>	<p>NONE 6 ➔ A12</p> <p><input type="text"/> people 1</p> <p>DON'T KNOW 8</p>
<p>A11b. In the last year, what percent of women in this village are assisted in childbirth by a traditional midwife?</p>	<p>≥ 75%1</p> <p>50 % - 74%2</p> <p>25 % - 49 %3</p> <p>< 25 %4</p> <p>DON'T KNOW8</p>
<p>A12. Mention 3 (three) main problems faced by this Health Post in the last two years:</p>	<p>A. Lack of fund</p> <p>B. Lack of medical supply</p> <p>C. Lack of equipment</p> <p>D. Lack of active cadres</p> <p>E. Lack of support from puskesmas</p> <p>F. Lack of support from village / township</p> <p>G. No permanent place</p> <p>H. Lack of interest/ participation</p> <p>I. Lack of KIA training for cadres</p> <p>V. Others</p> <p>W. NO PROBLEM</p>
<p>A13. Mention 3 (three) main problems that you faced in mother and child health, in the last two years:</p>	<p>A. Lack of fund</p> <p>B. Lack of medical supply</p> <p>C. Lack of equipment</p> <p>D. Lack of active cadres</p> <p>E. Lack of support from puskesmas</p> <p>F. Lack of support from village / township</p> <p>G. No permanent place</p> <p>H. Lack of interest/ participation</p> <p>I. Lack of KIA training for cadres</p> <p>V. Others</p> <p>W. NO PROBLEM</p>

SECTION B : SERVICES AT THE POSYANDU

Now, we would like to ask about the services available in this Posyandu.

Name of Respondent : _____	Position : _____
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B0a. How much is the charge for each Posyandu visit?	_____,____ Rp
B0b. In comparison with last year, how much has the service charge changed?	1. Increase 2. No change 3. Decrease

B1.	B2.	B3a.	B4.			B5d.
TYPES OF SERVICES	Have you offered [...] services in the past 12 months?	Do you currently offer [...] services?	How many [...] in Posyandu in the last 3 months?			Additional service charges?
			a. 1 month ago	b. 2 months ago	c. 3 months ago	
A. Weighing of babies/children	3. No ↓1. Yes	3. No ↓1. Yes	1. _____ 8. DON'T KNOW	1. _____ 8. DON'T KNOW	1. _____ 8. DON'T KNOW	1. _____, _____ Rp 3. No charge
B. Provision of supplementary food	3. No ↓1. Yes	3. No ↓1. Yes	1. _____ 8. DON'T KNOW	1. _____ 8. DON'T KNOW	1. _____ 8. DON'T KNOW	1. _____, _____ Rp 3. No charge
C. Provision of Oralit	3. No ↓1. Yes	3. No ↓1. Yes	1. _____ 8. DON'T KNOW	1. _____ 8. DON'T KNOW	1. _____ 8. DON'T KNOW	1. _____, _____ 3. No charge
D. Immunization service	3. No ↓1. Yes	3. No ↓1. Yes	1. _____ 8. DON'T KNOW	1. _____ 8. DON'T KNOW	1. _____ 8. DON'T KNOW	1. _____, _____ Rp 3. No charge
E. Pregnancy examination	3. No ↓1. Yes	3. No ↓1. Yes	1. _____ 8. DON'T KNOW	1. _____ 8. DON'T KNOW	1. _____ 8. DON'T KNOW	1. _____, _____ Rp 3. No charge
E1. Provision of iron vitamin supplements	3. No ↓1. Yes	3. No ↓1. Yes	1. _____ 8. DON'T KNOW	1. _____ 8. DON'T KNOW	1. _____ 8. DON'T KNOW	1. _____, _____ Rp 3. No charge
E2. Provision of vitamin A supplements	3. No ↓1. Yes	3. No ↓1. Yes	1. _____ 8. DON'T KNOW	1. _____ 8. DON'T KNOW	1. _____ 8. DON'T KNOW	1. _____, _____ Rp 3. No charge
F. Treatment of patients	3. No ↓1. Yes	3. No ↓1. Yes	1. _____ 8. DON'T KNOW	1. _____ 8. DON'T KNOW	1. _____ 8. DON'T KNOW	1. _____, _____ Rp 3. No charge
G. Child development (TKA)	3. No ↓1. Yes	3. No ↓1. Yes	1. _____ 8. DON'T KNOW	1. _____ 8. DON'T KNOW	1. _____ 8. DON'T KNOW	
H. Mother and child heath (KIA)	3. No ↓1. Yes	3. No ↓1. Yes	1. _____ 8. DON'T KNOW	1. _____ 8. DON'T KNOW	1. _____ 8. DON'T KNOW	1. _____, _____ Rp 3. No charge

SECTION B : SERVICES AT THE POSYANDU

B6. Mention source of funds for Posyandu activities in the last 12 months!	Yes	No
	a. Monthly routine contribution of villagers	1 3
	b. Village/township budget	1 3
	c. Donation from Health Center (Puskemas)	1 3
	d. Community Health Funds Contributions	1 3
	e. Contribution from certain donors	1 3
	v. Other	1 3

TYPES OF FAMILY PLANNING SERVICES	B8a.	B8b.	B10a.	B11.	B12.
	Have you offered [...] services in the past 12 months?	Do you currently offer [...] services?	Additional charges per unit	In comparison to the last year, have you seen a change in the number of clients using [...] service?	What factors account for the change in the number of clients using [...] service?
B7a. Oral contraceptive	3. No 1. Yes ↓	3. No 1. Yes ↓	_____, _____ Rp.	1. Increase 3. Decrease 2. No change ↓	A1 B1 C1 D1 E1 H1 I1 A2 B2 C2 D2 E2 H2 I2 F G J K Y V _____
B7b. Condom (per unit)	3. No 1. Yes ↓	3. No 1. Yes ↓	_____, _____ Rp.	1. Increase 3. Decrease 2. No change ↓	A1 B1 C1 D1 E1 H1 I1 A2 B2 C2 D2 E2 H2 I2 F G J K Y V _____
B7c. Injectable contraceptive	3. No 1. Yes ↓	3. No 1. Yes ↓	_____, _____ Rp.	1. Increase 3. Decrease 2. No change ↓	A1 B1 C1 D1 E1 H1 I1 A2 B2 C2 D2 E2 H2 I2 F G J K Y V _____
B7d. Overcoming side effects (per action)	3. No 1. Yes ↓	3. No 1. Yes ↓	_____, _____ Rp.	1. Increase 3. Decrease 2. No change ↓	A1 B1 C1 D1 E1 H1 I1 A2 B2 C2 D2 E2 H2 I2 F G J K Y V _____
B7e. Family Planning counseling	3. No 1. Yes ↓ SECTION C	3. No 1. Yes ↓ SECTION C		1. Increase 3. Decrease 2. No change ↓ SECTION C	A1 B1 C1 D1 E1 H1 I1 A2 B2 C2 D2 E2 H2 I2 F G J K Y V _____

CODE B12 :
A1. Increase in price of methods
B1. Decrease in availability of methods
C1. Clients can no longer afford
D1. Switch to other method
E1. High risk of side effect
H1. Switch to other methods
I1. Feel uncomfortable with the contraceptive

A2. Decrease in price of methods
B2. Increase in availability of methods
C2. Clients can no longer afford
D2. Switch from other methods
E2. Low risk of side effect
H2. Switch from other methods
I2. Feel comfortable with contraceptive

F. Free of charge from a government Program
G. Improvement in awareness/knowledge of family planning
J. The number of reproductive couple increase
K. Routine counseling
Y. DON'T KNOW
V. Other_____

SECTION C: POSYANDU MANPOWER

Now, we would like to know about the cadre working for this Posyandu.

C1.	C2.	C4a.	C2a.	C3.		
Name (Initial)	Highest level of education?	Since when did [...] have worked for this Posyandu ?	Has [...] ever had training?	Training of Posyandu cadre		
				C3a. When was the last training? (year)	C3b. For how many days? (days)	C3c. What kind of training? Have [...] ever had training on Child Development (TKA)
a. _____	01 02 03 04 05 06 60 61 62 63 11 12 13 14 15 17 72 73 74 90 98 95 _____	____/_____ MONTH/YEAR	3. No 1. Yes ↓	1. Year _____ 8. DON'T KNOW	____ days	A. Child Development (TKA) B. Service for elderly C. Family Planning V. Other _____
b. _____	01 02 03 04 05 06 60 61 62 63 11 12 13 14 15 17 72 73 74 90 98 95 _____	____/_____ MONTH/YEAR	3. No 1. Yes ↓	1. Year _____ 8. DON'T KNOW	____ days	A. Child Development (TKA) B. Service for elderly C. Family Planning V. Other _____
c. _____	01 02 03 04 05 06 60 61 62 63 11 12 13 14 15 17 72 73 74 90 98 95 _____	____/_____ MONTH/YEAR	3. No 1. Yes ↓	1. Year _____ 8. DON'T KNOW	____ days	A. Child Development (TKA) B. Service for elderly C. Family Planning V. Other _____
d. _____	01 02 03 04 05 06 60 61 62 63 11 12 13 14 15 17 72 73 74 90 98 95 _____	____/_____ MONTH/YEAR	3. No 1. Yes ↓	1. Year _____ 8. DON'T KNOW	____ days	A. Child Development (TKA) B. Service for elderly C. Family Planning V. Other _____
e. _____	01 02 03 04 05 06 60 61 62 63 11 12 13 14 15 17 72 73 74 90 98 95 _____	____/_____ MONTH/YEAR	3. No 1. Yes ↓	1. Year _____ 8. DON'T KNOW	____ days	A. Child Development (TKA) B. Service for elderly C. Family Planning V. Other _____
f. _____	01 02 03 04 05 06 60 61 62 63 11 12 13 14 15 17 72 73 74 90 98 95 _____	____/_____ MONTH/YEAR	3. No 1. Yes ↓	1. Year _____ 8. DON'T KNOW	____ days	A. Child Development (TKA) B. Service for elderly C. Family Planning V. Other _____
g. _____	01 02 03 04 05 06 60 61 62 63 11 12 13 14 15 17 72 73 74 90 98 95 _____	____/_____ MONTH/YEAR	3. No 1. Yes ↓	1. Year _____ 8. DON'T KNOW	____ days	A. Child Development (TKA) B. Service for elderly C. Family Planning V. Other _____
H. _____	01 02 03 04 05 06 60 61 62 63 11 12 13 14 15 17 72 73 74 90 98 95 _____	____/_____ MONTH/YEAR	3. No 1. Yes ↓	1. Year _____ 8. DON'T KNOW	____ days	A. Child Development (TKA) B. Service for elderly C. Family Planning V. Other _____

Code C2 :
01. No school/Not yet
02. Elementary School
03. Junior High - General

04. Junior High - Vocational
05. Senior High – General
06. Senior High - Vocational

60 D1, D2, D3 (Junior College)
61. University S1 (Bachelors)
62. University S2 (Masters)

63. University S3 (Doctorate)
11. Adult Educ. A (Kejar Paket A)
12. Adult Educ. B (Kejar Paket B)

13. Open University
14. Islamic School Pesantren
15. Adult Educ. C (Kejar Paket C)

17. School for disable person
72. Islamic Elementary (Madrasah Ibtidaiyah)
73. Islamic Junior High School (Madrasah Tsanawiyah)
74. Islamic Senior High School (Madrasah Aliyah)

90. Kindergarten
98. DON'T KNOW
95. Other _____

SECTION C: POSYANDU MANPOWER

C4a1.	In the last 12 months, did a PLKB staff visit this Posyandu?	No3→ C4c No PLKB6→ C4c Yes1
C4b1.	How many times in the last 12 months did a PLKB staff visit this Posyandu?	times.....1 DON'T KNOW.....8
C4b3.	Relative to previous years since 2007, has there been a change in the visits from PLKB changed?	Increased1 No change2 Decreased3
C4c.	Is there a Bina Keluarga Balita (Child Development) program at this Posyandu?	No3→ C5 Yes.....1
C4d.	Who implements the Bina Keluarga Balita program? (CIRCLE ALL THAT APPLY)	BKKBN officials.....A Petugas suka rela/kader.....B Bidan DesaC Staff Puskesmas.....D Other.....V
C4e.	How many times in the last year was the Bina Keluarga Balita program conducted at this Posyandu?	times.....1 Never6 DON'T KNOW.....8

C5.	How many times in the last year has this Posyandu been visited by staff from the Health Center (Puskesmas)?	Never 6→ C6a2 DON'T KNOW 8→ C6a2 times 1																		
C6.	Who usually comes?	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>a. Nurse</td><td>1</td><td>3</td></tr><tr><td>b. Midwife.....</td><td>1</td><td>3</td></tr><tr><td>c. Immunization personnel</td><td>1</td><td>3</td></tr><tr><td>d. Physician</td><td>1</td><td>3</td></tr><tr><td>e. Other</td><td>1</td><td>3</td></tr></table>		Yes	No	a. Nurse	1	3	b. Midwife.....	1	3	c. Immunization personnel	1	3	d. Physician	1	3	e. Other	1	3
	Yes	No																		
a. Nurse	1	3																		
b. Midwife.....	1	3																		
c. Immunization personnel	1	3																		
d. Physician	1	3																		
e. Other	1	3																		
C6a2.	Relative to previous years since 2007, has there been a change in visits to this Posyandu from Puskesmas?	Increase 1 No change 2 Decrease 3																		

Category of Activities	C7.	C8.
	Are there other visits from Health Center personnel outside Posyandu opening days, for the following activities:	How many visits in the last year?
a. Information on immunization	3. No 1. Yes ↓	1. times 6. Never 8. DON'T KNOW
b. Information on KB	3. No 1. Yes ↓	1. times 6. Never 8. DON'T KNOW
c. Mobile Medical Team (TMK)	3. No 1. Yes ↓	1. times 6. Never 8. DON'T KNOW
d. Sanitation Program	3. No 1. Yes ↓	1. times 6. Never 8. DON'T KNOW
e. Information on Mother and Child Health (KIA)	3. No 1. Yes ↓	1. times 6. Never 8. DON'T KNOW
f. Services for Posyandu for the elderly	3. No 1. Yes ↓ SECTION D	1. times 6. Never 8. DON'T KNOW

SECTION D : HEALTH INSTRUMENTS

Kindly give information on health instruments at this Posyandu.

D1.	D2.	D3.	D4.			
KINDS OF INSTRUMENTS	Are the [...] instruments here?	How many are there? (Existing stock at Posyandu)	In the last 6 months for how many weeks has [...] been out of stock?			
a. Baby scales	1. Yes 3. No					
b. Height measuring device	1. Yes 3. No					
c. KMS cards	3. No ➔ D4 1. Yes	_____ cards	1. _____ weeks	6. Never available	8. DON'T KNOW	
d. Pregnant Mother cards	3. No ➔ D4 1. Yes	_____ cards	1. _____ weeks	6. Never available	8. DON'T KNOW	
e. Oral contraceptive pills	3. No ➔ D4 1. Yes	_____ pill strip	1. _____ weeks	6. Never available	8. DON'T KNOW	
g. Demonstration tools/books	1. Yes ➔ D4 3. No ↓		1. _____ weeks	6. Never available	8. DON'T KNOW	
h. Oralit	3. No ➔ D4 1. Yes	_____ packages	1. _____ weeks	6. Never available	8. DON'T KNOW	
i. Iron tablets / Sulfas Ferosus	3. No ➔ D4 1. Yes	_____ tablets	1. _____ weeks	6. Never available	8. DON'T KNOW	
j. Vitamin A	3. No ➔ D4 1. Yes	_____ tablets	1. _____ weeks	6. Never available	8. DON'T KNOW	
k. Paracetamol/Other lowering fever medicine	3. No ➔ D4 1. Yes	_____ tablets	1. _____ weeks	6. Never available	8. DON'T KNOW	
l. Children's toys	1. Yes 3. No					
m. Instruction book for the Bina Keluarga Balita program	1. Yes 3. No					
n. Adult scale	1. Yes 3. No					
o. Tensimeter	1. Yes 3. No					
p. Osteoporosis kit	3. No ↓ 1. Yes	_____ kits				
q. Cholesterol kit	3. No ↓ 1. Yes	_____ kits				
r. Stethoscope	1. Yes 3. No					
s. Thermometer	1. Yes ➔ D4 3. No					

SECTION SDP : POSYANDU RESOURCES

Now, we would like to ask resources of this Posyandu.

SDP00. INTERVIEWER CHECK A2a=1 (IS THIS POSYANDU IS FUNCTIONING AS ELDERLY POSYANDU?)	NO3 ➔ SDP02 YES 1
SDP00a. Can you separate the source of resource for Posyandu and Elderly Posyandu?	1. IF YES, SDP is only for POSYANDU 3. IF NO, SDP is both for POSYANDU AND ELDERLY POSYANDU
SDP02. What is the value per month of [...] provided by the community for this Posyandu? a. Cash b. Food c. Time spent by volunteers for Posyandu v. Other _____	a. _ _ _ , _ _ _ , _ _ _ Rp b. _ _ _ , _ _ _ , _ _ _ Rp c. _ _ _ 03. hours 05. Days v. _ _ _ , _ _ _ , _ _ _ Rp
SDP03a. In the last 12 months, has this Posyandu received any resources for preventing undernourished ?	No3➔ SDP03 Yes..... 1
SDP03b. How many times has this Posyandu received resources?	_ _ times
SDP03c. What is the source of the resources	A. Puskesmas/Pustu B. BKKBN/PLKB C. Village V. Other _____
SDP03d. What is the value of [...] received by Posyandu? a. Cash b. Food c. Time spent by volunteers for Posyandu v. Other	a. _ _ _ , _ _ _ , _ _ _ Rp b. _ _ _ , _ _ _ , _ _ _ Rp c. _ _ _ 03. hours 05. days v. _ _ _ , _ _ _ , _ _ _ Rp
SDP03. Does this Posyandu receive resources from other parties?	No..... 3 ➔ SECTION PRP Yes 1

SECTION SDP : POSYANDU RESOURCES

SDP04.	What kind of resources obtained from other parties, and who are those parties?	TYPES OF RESOURCES				
		A. Cash	B. Food	C. Vitamin	D. Vaccination	E. Other equipment
	CONTRIBUTING PARTIES					
	a. Puskesmas	Ya..... 1 Tidak 3	Ya 1 Tidak..... 3	Ya 1 Tidak..... 3	Ya 1 Tidak 3	Ya..... 1 Tidak 3
	b. Other Posyandu	Ya..... 1 Tidak 3	Ya 1 Tidak..... 3	Ya 1 Tidak..... 3	Ya 1 Tidak 3	Ya..... 1 Tidak 3
	c. BKKBN/PLKB	Ya..... 1 Tidak 3	Ya 1 Tidak..... 3	Ya 1 Tidak..... 3	Ya 1 Tidak 3	Ya..... 1 Tidak 3
	v. Other _____	Ya..... 1 Tidak 3	Ya 1 Tidak..... 3	Ya 1 Tidak..... 3	Ya 1 Tidak 3	Ya..... 1 Tidak 3

SECTION PRP: POSYANDU REVITALIZATION PROGRAM

Now, we would like to ask about the Posyandu Revitalization Program since 2000.

PRP00. Have you ever heard Posyandu revitalization program?	No3➔SECTION CP Yes1
PRP01a. Has there been a Posyandu revitalization program since 2005?	No3➔SECTION CP Yes1
PRP01b. When is the last time this Posyandu received revitalization program?	Year [][][][][]

INTERVIEWER NOTE: ASK PRP01c AND PRP02 ACCORDING TO THE YEAR IN PRP01b TILL THE LAST LINE. CIRCLE OPTION OF 3 FOR THE YEARS WITH NO POSYANDU REVITALIZATION PROGRAM.

Now we eould like to ask about the Posyandu Revitalization Program since 2005.

YEAR (PRPTYPE)	PRP01c. Was there PRP program in [...]?	PRP02. How much money did the Posyandu receive from the revitalization program in [...]?
A. 2012	3. No ↓ 8.DK ↓ 1.Yes	1. [] , [][][][] , [][][][] Rp. 8. DON'T KNOW↓
B. 2011	3. No ↓ 8.DK ↓ 1.Yes	1. [] , [][][][] , [][][][] Rp. 8. DON'T KNOW↓
C. 2010	3. No ↓ 8.DK ↓ 1.Yes	1. [] , [][][][] , [][][][] Rp. 8. DON'T KNOW↓
D. 2009	3. No ↓ 8.DK ↓ 1.Yes	1. [] , [][][][] , [][][][] Rp. 8. DON'T KNOW↓
E. 2008	3. No ↓ 8.DK ↓ 1.Yes	1. [] , [][][][] , [][][][] Rp. 8. DON'T KNOW↓
F. 2007	3. No ↓ 8.DK ↓ 1.Yes	1. [] , [][][][] , [][][][] Rp. 8. DON'T KNOW↓

PRP03a. Has half of the money received used for [...] :		1. Yes 3.No
	a. Introduce Education and Information Counseling (KIE) to community leader/head of village or township	1 3
	b. Train cadres.....	1 3
	c. Purchase cooking utensils	1 3
	d. Purchase other supplies for Posyandu	1 3
	e. Give transport money to cadres	1 3
	f. Supplementary food distribution program (PMT)	1 3

SECTION CP : INTERVIEW SESSION NOTE

	QUESTION NUMBER	NOTES
CP1. Questions with doubtful answers		
CP2. Questions needing conversion of unit of measurement		
CP3. Questions using secondary data source, data unclear		
CP4. Other problems		

INTERVIEWER NOTE